

**QEST**  
**Quality Enhancement Standards Program**  
**Registration for Training and Participation**  
**2005**

There will be a \$25 registration fee to cover the cost of printing the manual. Payment will be requested upon verification of the training date in your area.

Training Location: \_\_\_\_\_ To Be Announced

Contact Name: _____
Title: _____ Email: _____
Organization: _____
Address: _____ City, State, Zip: _____
Telephone: _____ Fax: _____
 TYPE OF SERVICE PROVISION ORGANIZATION:
<input type="checkbox"/> Emergency Crisis Shelter
<input type="checkbox"/> Day Center
<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> SRO (Single Room Occupancies)
<input type="checkbox"/> HIV Group Living
<input type="checkbox"/> Children's Shelter Programs
<input type="checkbox"/> Other _____

**For more information or to register, please complete the above form and mail, email, or fax to:**

**Georgia Coalition to End Homelessness, Inc.**  
**2501 E. Piedmont Road, Suite 144**  
**Marietta, Georgia 30062**  
**Phone: 770.575.5785**  
**Toll Free: 1-877-243-1576**  
**Fax: 770.575.5786**  
**Email: info@gahomeless.org**